PTO/SB/17 (10-08)

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Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/566 750					
TRANS pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/566,750	· · · · · · · · · · · · · · · · · · ·		
FEE TRANSMITTAL	Filing Date	02/01/2006			
For FY 2009	First Named Inventor	Yuichiro Shindo			
	Examiner Name	Melissa A. Stalder			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1793			
TOTAL AMOUNT OF PAYMENT (\$) 1810.00	Attorney Docket No.	OGOSH45USA			
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order Nor	ne Other (please id	entify):			
Deposit Account Deposit Account Number: 08-3040		ame: Howson & Howson LLP			
For the above-identified deposit account, the Director is her					
Charge fee(s) indicated below	Charge fee(s)	indicated below, except for the filing	fee		
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card inf	V Crodit dilly ov				
information and authorization on PTO-2038.	omilation should not be inc	indica on this form. I fortas of our our			
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES SEAR Small Entity	CH FEES EXAIN EXAI	MINATION FEES Small Entity			
Application Type Fee (\$) Fee (\$) Fee (\$			i)		
Utility 330 165 540	270 220	110			
Design 220 110 100	50 140	70			
Plant 220 110 330	165 170	85			
Reissue 330 165 540	270 650	325	_		
Provisional 220 110 0	0	0			
2. EXCESS CLAIM FEES Fee Description		<u>Small Entity</u> <u>Fee (\$) </u>			
Each claim over 20 (including Reissues)		52 26			
Each independent claim over 3 (including Reissues)		220 110			
Multiple dependent claims		390 195	la de la companya de		
Total Claims					
HP = highest number of total claims paid for, if greater than 20.		Fee (\$) Fee Paid (\$)			
Indep. Claims					
3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
100 = / 50 = (round up to a whole number) x =					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity)	discount)	Fees Pa	<u>ld (\$)</u>		
Other (e.g., late filing surcharge): Issue Fee and Publicatio	n Fee	1810.	00		
SUBMITTED BY					

SUBMITTED BY			
Signature	Much	Registration No. (Attorney/Agent) 37,277	Telephone 215-540-9216
Name (Print/Type) William Bak		Date 1/22/2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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7 2010 8			11.9	: Patent and]			PTO/SB/21 (07-09 through 07/31/2012. OMB 0651-003 J.S. DEPARTMENT OF COMMERCE
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(E)	ANCRUTTAL			10/566,75			
& TRADEMIN IR	ANSMITTAL		Filing Date First Named Inventor		02/01/2006		
	FORM		Art Unit	Y. Shindo			
			Examiner Name	1793			
(to be used for	all correspondence after initial fil	ling)			Melissa A. Stalder		
Total Number of	Pages in This Submission		Attorney Docket Number	OGOSH45USA			
		ENCL	OSURES (Check a	all that appl	y)		
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Amendme	ent/Reply	F	Petition				al Communication to TC al Notice, Brief, Reply Brief)
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	SIGNAT	URE O	F APPLICANT, ATT	ORNEY (OR AGI	FNT	
Firm Name	·		A CHEWAIT, ATT		VI AQI		
	Howson & Howson LLP						
Signature	Willet						
Printed name	William Bak						
Date	01/22/10			Reg. No.	Reg. No. 37,277		
I hereby certify the			ATE OF TRANSMIS		· · · · · · · · · · · · · · · · · · ·	the Ur	ited States Postal Service with
	as first class mail in an enve						Alexandria, VA 22313-1450 on
Signature		Un	MIN			_	
Typed or printed r	name Melody Marsden	- 🕠	V		·	Date	01/22/10

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-08)

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Effective on 12/08/2004.

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Effective on 12/08/2004.

A 19/08/2004. FEE TRANSMITTAL For FY 2009

JAN 27 2010

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1810.00

Complete if Known					
Application Number	10/566,750				
Filing Date	02/01/2006				
First Named Inventor	Yuichiro Shindo				
Examiner Name	Melissa A. Stalder				
Art Unit	1793				
Attorney Docket No.	OGOSH45USA				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account D	eposit Accour	nt Number: <u>08-30</u>	40	Deposit A	ccount Name:_	Howson & Ho	owson LLP
For the above-identi	ified deposit	account, the Dire	ctor is hereb	y authorized to	o: (check all th	nat apply)	
Charge fee(s)) indicated b	elow		Char	ae fee(s) indic	ated below, exc	ept for the filing fee
Charge any a	udditional fee	e(s) or underpaym	ents of fee(s		it any overpay	·	
under 37 CFF WARNING: Information on this		e(s) or underpaym 1.17 ecome public. Cred				•	vide credit card
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FEE CALCULATION							
1. BASIC FILING, SEAF	•						
	FILING	FEES Small Entity	SEARC	H FEES Small Entity		TION FEES Small Entity	
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEE	ES						Small Entity
Fee Description Each claim over 20 (i	including F	≀eissues)				<u>Fee (\$)</u> 52	<u>Fee (\$)</u> 26
Each independent cla	_	·	sues)			220	110
Multiple dependent c	laims		•			390	195
Total Claims	Extra Clair		Fee P	<u>ald (\$)</u>			pendent Claims
- 20 or HP = HP = highest number of total	I claims paid f	or, if greater than 20	=			<u>Fee (\$)</u>	Fee Paid (\$)
<u>Indep. Claims</u>	Extra Clair			ald (\$)			
- 3 or HP = x = = HP = highest number of independent claims paid for, if greater than 3.							
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Pald (\$)							
Other (e.g., late filing surcharge): Issue Fee and Publication Fee					1810.00		

SUBMITTED BY		
Signature Mith	Registration No. (Attorney/Agent) 37,277	Telephone 215-540-9216
Name (Print/Type) William Bak		Date 1/22/2010

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